

FILED NOV 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35474
Registrar's No. 9269

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY OR TOWN ST. Louis		a. STATE Missouri b. COUNTY	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmiry Hospital		c. CITY OR TOWN ST. Louis	
3. NAME OF DECEASED (Type or Print) Albert		4. DATE OF DEATH Oct. 24 1949	
5. SEX Male		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER	
6. COLOR OR RACE White		8. DATE OF BIRTH April 1, 1867	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		11. BIRTHPLACE (State or foreign country) Poland	
13a. FATHER'S NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		17. INFORMANT'S SIGNATURE OR NAME Margaret Kelly	
16. SOCIAL SECURITY NO.		ADDRESS 233 Mulanphy	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Abscess ANTECEDENT CAUSES (b) Pneumonia, Bronchial Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS (d) Psychosis Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		101	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21f. HOW DID INJURY OCCUR? 491X	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from July 8, 1948, to Oct. 24, 1949, that I last saw the deceased alive on Oct. 24, 1949, and that death occurred at 9:45 a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Charles L. Krug, M.D.		23b. ADDRESS 5600 Arsenal St., St. Louis	
23c. DATE SIGNED Oct 26 1949			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO	
24b. DATE 10-28-49		24c. NAME OF CEMETERY OR CREMATORY CALVARY	
DATE REC'D BY LOCAL REG. OCT 28 1949		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louellen Kelly 4386 Lindell	
REGISTRAR'S SIGNATURE J. B. Sasater			

WRITE PLAINLY—USING UNFADING, BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Alfred W. Henson

Licensed Embalmer No. 13791

P. O. Address St. Louis, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.